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ABSTRACT

Teachers and administrators face three problems when developing programs at the local level for at-risk students: defining "at-risk" for their local district, identifying effective programs, and absorbing the costs of implementation. A six-step process for systematically addressing these problems would urge the schools to: (1) identify the at-risk populations within the school district (e.g., underachievers, alcohol and drug abusers, students with high stress, etc.); (2) consult the professional literature to determine the known causal factors for each at-risk classification; (3) using the PRECEDE Health Planning Model, catagorize these factors as predisposing, enabling, or reinforcing factors and identify which are common to all classifications of being at-risk; (4) collect and analyze data to validate whether factors found in the professional literature apply to the local district; (5) conduct an inventory of existing programs that address causal predisposing, enabling, and reinforcing factors; and (6) propose additional program components to fill identified voids. In this way, local districts can develop programs for at-risk students by building on existing school, family, and community program components rather than inventing an array of new programs which may be costly but no more effective.
(Author/JD)

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A Multi-Dimensional Approach to Assisting "At-Risk" Students, K-12

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ABSTRACT

Teachers and administrators face three problems when developing programs at the local level for students "at-risk". These are (1) defining "at-risk" for their local district, (2) identifying programs that are effective and (3) absorbing the costs of implementation. This report provides a six-step process for systematically addressing these problems. First, identify the "at-risk" populations within the school district (e.g., underachievers, alcohol and drug abusers, students with high stress, etc.) Next, consult the professional literature to determine the known causal factors for each "at-risk" classification. Using the PRECEDE Health Planning Model, catagorize these factors as predisposing, enabling or reinforcing factors and identify which are common to all classifications of being "at-risk". Collect and analyze data to validate whether factors found in the professional literature apply to the local district. Conduct an inventory of existing programs that address causal predisposing, enabling and reinforcing factors. Propose additional program components which can fill identified voids. In this way, local districts can develop programs for students "at-risk" by building on existing school, family and community program components rather than inventing an array of new programs which may be costly but no more effective.

FORWARD

The issue of "at-risk" students has various meanings and applications for education professionals in different school districts. In preparing this report, three themes which should hold true for all school districts emerged.

1. All school districts, regardless of size, socio-economic level or tax base, have students who are "at-risk".

2. Many of the symptoms of being "at-risk" manifest themselves through academic and behavioral means, however, the issues which cause individuals to be "at-risk" have their origins as physical and/or emotional health problems.

3. Any student can become "at-risk" at any time due to uncontrollable life events, therefore, prevention and intervention programs need to be implemented at all grades, K-12.

An important work which deals with the issue of health status, health care and being "at-risk" is:

Schorr, L.B., Schorr, D. (1988). Within our reach breaking the cycle of disadvantage. New York: Bantam Doubleday Dell Publishing Group, Inc.

INTRODUCTION

One of the most visible contemporary issues in American education is how to assist the "high risk student"--a term that is often used synonymously with the term "drop-out". Recent issues of two of the most prominent professional journals featured these themes. The December, 1987 Kappan sub-title was "Reaching Out to America's Dropouts". The March, 1988 Education Leadership was sub-titled, "Helping Youngersters Cope with Life". Recognized patterns of drop-out are:

"Classic": poor attitudes toward school; failing grades; behind in academic progress; lower grade point average; male.

"Work-Oriented: male; slightly better than average grades; slightly higher number of credits; older than 16; feels school is no longer necessary to accomplish goals. (FEMALE COUNTERPART has a similar profile but left school to make a home and raise a family.)

"Intellectual Elite": feels school is irrelevant; renounces the system despite ability to succeed; oldest group; closest to completing academic requirements; often from large, low socio-economic families (Barber and McClellan, 1987).

There is a difference, however, in the magnitude of problems such as drop-out between nationally derived figures and those at the local level. Some local districts have drop-out rates that equal or exceed national figures while others have drop-out rates that are considerably smaller. The drop-out rates for the Troy School District over the past several years are in the 2%-3% range. For the Troy School District, "drop-out" and "at-risk" are not synonymous. While only a small percentage of students drops out of school, there is a considerable number of "drop-ins" and other students who can be classified as "at-risk" even though they continue to attend school.

The term "students at-risk" could be defined in a number of ways. In the Troy School District, students at-risk are considered to be (1) underachievers, (2) alcohol and other drug abusers, (3) students who may be depressed, (4) students under high stress and (5) students in need of medical attention. Students in any or all of these groups are at risk for school drop-out and for school drop-in. Drop-ins are those students who attend school but who make little progress toward graduation. They often are in the school but not in their assigned classes. Many of these students value school for social rather than academic reasons.

Information regarding at-risk students as defined for the Troy School District is available in the professional literature and will be reviewed in later sections of this report.

Data regarding groups of "at risk" students in the Troy School District are available from the health surveys that were administered in November, 1987 (Lohrmann and McClendon, 1988). These data can be used to determine the approximate number of students at-risk at several grade levels but individual students cannot be identified (Table I). Data from a 1987 study of underachievement conducted by the Troy School District Department of Evaluation and Research was used to determine the number of underachievers at the middle and high school levels (Table II). Individual students can be identified from these data as needed.

Table I
Number of Students "At-Risk"
at Selected Grade Levels
(Based on Self-Reported Data)

	GRADE				
	7th	8th	10th	11th	12th
Category					
At risk-- school failure*	23	19	24	27+	23+
At risk-- depressed#	36	no data	24	no data	34
At risk-- alcohol and other drug@	no data	26+	no data	214	no data
At risk-- medical~	25	no data	25	no data	28

Criteria:

* grades are mostly D's or mostly F's

feel sad and dejected AND no one would really care if I were out of the way or gone either always or frequently

@ use beer once a week or more OR use hard liquor once a week or more OR use marijuana once a week or more AND get really drunk once a month or more

~ would like to ask a doctor or nurse about a medical problem AND do not have access to medical care when needed

Table II
Number of Underachievers
at Select Grade Levels*

Level	Reading	Mathematics
5th Grade	31	29
Middle School	88	25
High School	62	51

* students' achievement test results were 2 stanines below their ability test scores

PURPOSE AND PROCEDURE

As is consistent with the five-year curricula review process, this report constitutes the program audit of school and community programs designed to assist at-risk students. Characteristics of at-risk students will be described. Existing Troy School District programs designed to identify and provide services to at-risk students will be identified and recommendations will be made as to the steps that can be taken to enhance the effectiveness of existing programs and introduce new programs as needed.

The PRECEDE health planning model (Green, et al, 1980) will be used to identify characteristics of at-risk students and prevention and remediation programs. The model is comprised of three sets of factors that can be delineated to describe the causes of a particular problem. After causes are identified, programs can be devised to prevent and/or remediate the causes. The most effective programs are those that are designed to intervene in all three sets of factors, however, most programs are not able to address all factors within a set. The three sets of factors are:

Predisposing Factors--Individual's Attitudes, Feelings, Values, Beliefs, Knowledge and Demographic Variables

Enabling Factors--Availability of Programs, Accessability of Programs, Organizational Commitment to Programs, Individual Skills

Reinforcing Factors--Parents, Siblings, Teachers, Peers, Media and Sports Heroes, Other Role Models

PRECEDE FACTORS FOR AT-RISK GROUPS

The diagrams on the following pages illustrate the characteristics of students at-risk divided into predisposing, enabling and reinforcing factors as identified in the professional literature. The only at-risk group for which no diagram appears is students at-risk because they need medical care. One could speculate on the characteristics of this group (e.g. low socio-economic status, lack of medical insurance, lack of transportation, lack of knowledge of public health services) but the major risk factor is being an adolescent. The reader should realize that the ENABLING FACTORS LISTED IN THE DIAGRAMS DO NOT NECESSARILY REFLECT THE STATUS OF PREVENTION PROGRAMS IN THE TROY SCHOOL DISTRICT.

PRECEDE FACTORS
CAUSES OF SCHOOL DROP-OUT

PREDISPOSING FACTORS
- feels school is boring and uninteresting
- poor attendance
- low achievement
- poor school bonding (problems with teachers, counselors, administrators and/or other students)
- dislikes particular school or doesn't fit in
- dislikes course or program
- dislikes everything
- non-conformity/aggressiveness
- poor English skills (foreign born)
- attained educational goals (adequate to go to work)
- illness
- pregnancy/marriage
- chemical dependency
- retained one or more grades
- older than students in same grade

ENABLING FACTORS
- lack of availability and/or accessability of drop-out prevention programs
- lack of organizational commitment to prevention of drop-out
- student skill deficiencies (not identified)

REINFORCING FACTORS
- Parents and family
  - family conflict
  - family responsibilities
  - financial problems
  - parental demand to leave school
  - transportation problems
- School
  - conflict with teachers
  - conflict with administrators
  - problems with counselors
  - school lacked meaningful program or course
- Peers
  - problems with other students
  - gang or racial problems
- Employer
  - conflict with job responsibilities/hours

(Barber and McClellan, 1987; Hahn, 1987)

PRECEDE FACTORS
CAUSES OF UNDERACHIEVEMENT

PREDISPOSING FACTORS
- low self-esteem/lacks confidence
- external locus of control
- passive-aggressive personality--fears the feeling of anger
- believes unconsciously that parents can be "wounded" by passive resistance
- feels it is appropriate to challenge and vie for authority with parents and teachers
- equates entire sense of self-worth with ability to succeed
- feels school is irrelevant
- easily frustrated
- resentful over loss of inner freedom to express genuine feelings--especially anger
- competitive but poor loser--avoids competition unless he can be a sure winner

ENABLING FACTORS
- lack of availability and/or accessability of remediation progams
- lack of organizational awareness or and commitment to prevention or remediation of underachievement
- student skill deficiencies
  - poor interpersonal communication skills
  - inability to express emotions effecitvely
  - poor stress-management skills
  - poor conflict-resolution skills
  - lagging academic skills

REINFORCING FACTORS
- parents and family
  - poor role models--no intellictual stimulation
  - passive/aggressive parenting pattern
  - parents fear and suppress child's expression of anger at them
  - parents express discontent with others (teachers) in front of the child and assign blame
  - parents pressure child to excell--compete through the child
- schools and teachers
  - overly-permissive or overly-strict classroom management
  - inflexible with assignments
  - inconsistent grading system
  - emphasis on "public" evaluation
  - uses individual rather than group competition
  - limited repertoire of classroom management skills
  - limited feedback on student progress
  - large schools allow students to "get lost"
- television and computer games offer means of escape
- moral dissonance in society creates anxiety and uncertainty

(Rimm, 1986)

PRECEDE FACTORS
CAUSES OF DEPRESSION

PREDISPOSING FACTORS
- lethargy/tiredness
- feelings of worthlessness and excessive guilt
- difficulty concentrating/unable to work
- low levles of effort in school
- low self-esteem
- external locus of control/helpless
- irritability/anxiety
- aggressive/disobedient/challenging
- sad/apathetic/withdrawn
- poor bonding with peers
- negative view of the world and the future
- lower quartile of reading and IQ tests
- increased personal stress
- involvement in substance abuse,run away and/or petty crime
- chemical brain dysfunction
- thoughts of death or suicide*

ENABLING FACTORS
- lack of availability and/or accessability of early identification and remediation programs
- lack of organizational commitment to early identification and remediation
- student skill deficiencies
  - poor social skills
  - lack of cognitive restructuring skills

REINFORCING FACTORS
- parents and family
  - poor communication
  - poor family bonding
- peers
  - not accepted by peers
- school and teachers
  - provide little positive reinforcement
  - provide little feedback
  - do not teach social skills
  - fail to elicit appropriate behaviors from students

*key factors in suicide include history of suicidal tendencies, depressive symptoms, past violent behavior, recent preoccupation with death

(Bauer, 1987; Pfeffer, et al, 1988; Greer and Wethered, 1987)

PRECEDE FACTORS
DRUG ABUSE AND CHEMICAL DEPENDENCY

PREDISPOSING FACTORS
- low self-esteem
- high value for independence/low value for conformity
- low value and expectations for school achievement
- low value for parental expecations
- low value for religion
- high involvement in other problem behavior
- high tolerance of devient behavior
- high stress/anxiety
- parental chemical dependence or other family history
- lack of knowledge about alcohol and other drug dependency

ENABLING FACTORS
- availability and accessability of alcohol and other drugs
- lack of availability and/or accessability of general drug abuse prevention programs
- lack of availability and/or accessability of targeted drug abuse prevention programs for high risk students including children of alcoholics
- student skill deficiencies
  - poor interpersonal communication skills
  - poor goal setting skills
  - poor decision making skills
  - poor refusal skills

REINFORCING FACTORS
- parent and family
  - low parental disapproval of problem behavior
  - low parental support and control
  - high level of parental alcohol, prescription drug and/ illicit drug use
- peers
  - high peer approval of problem behavior
  - high peer use of alcohol, tobacco, marijuana and/or other drugs
- society
  - high exposure to alcohol, tobacco and other drugs via advertising, media programming and sport and entertainment "heroes"

(Fors and Rojek, 1983; Lohrmann and Fors, 1986)

PRECEDE FACTORS
CAUSES OF STRESS OVERLOAD

PREDISPOSING FACTORS
- low self-esteem
- external locus of control
- feelings of anxiety, insecurity, irritability, vulnerability, anger and/or frustration
- powerlessness
- precocious development
- life/school events (e.g. entry to school, location changes within and across school, late school years)
- poor bonding with peers
- inability to communicate with teachers/poor school bonding
- poor grades/inability to learn
- headaches, stomach aches, nausea
- little information about stress and sources of stress

ENABLING FACTORS
- lack of availability and/or accessability of stress management programs
- lack of organizational commitment to assist students to cope with stress
- student skill deficiencies
  - poor stress management skills
  - poor health practices and skills (nutrition, rest, exercise)
  - poor interpersonal communication skills
  - poor academic skills
  - ineffective self-talk

REINFORCING FACTORS
- parents and family
  - unrealistic parental expectations
  - poorly structured highly-achieving family
  - major family changes/disruptions
  - poor communication patterns/bonding
  - little expression of feelings
- school and teachers
  - little positive reinforcement/recognition
  - excessive or ambiguous information
  - repetitous classwork
  - high levels of tediousness
  - loosely structured, unpredictable classroom
  - little student input allowed

(Dicky and Henderson, 1989; Tillinghast, DuMars and Lane, 1977; D'Aurora and Fimian, 1988)

Upon review of these five diagrams, it may become evident that many of the factors for being at-risk are found in more than one at-risk category. This does not mean that students having a risk factor for one category are also involved with other categories, nor that one individual exhibits all risk factors in one or more category. IT MAY MEAN THAT IMPLEMENTATION OF SOME GENERIC PROGRAMS OR BROAD-BASED CHANGES IN EDUCATIONAL PRACTICE COULD INFLUENCE MORE THAN ONE AT-RISK CATEGORY. Table III illustrates the intercorrelations that exist between at-risk categories. In total, fourteen predisposing risk factors, two broad enabling risk factors and four reinforcing risk factors are common to at least three of the at-risk categories.

Of all the factors listed in Table III, it may be that only two CANNOT be influenced by the school. These are locus of control (whether individuals believe they control their lives or they believe that their lives are controlled by chance or powerful other people) and poor family bonding. It may be possible to influence these factors but the probability of influencing them is low. Nevertheless, the ability to influence EVEN ONE LISTED FACTOR assumes that THREE MOST CRUCIAL ENABLING FACTORS are present. The school must demonstrate an organizational commitment to addressing these problems including allocation of additional resources and personnel or reallocation of existing resources and personnel. The school must make intervention programs available and they must be accessable to at-risk students.

As Table III also demonstrates, school-based intervention can influence some factors in all three categories--PREDISPOSING, ENABLING AND REINFORCING. According to the PRECEDE Model, intervention strategies will have a higher probability of success when they influence variables in all three categories.

Table III
INTERCORRELATION OF FACTORS
RELATED TO BEING AT RISK

	Categories of At Risk				
Risk Factors	Under-achieve	Drop-out	Depres-sion	Drug Abuse	Stress
PREDISPOSING FACTORS					
Low grades	X	X	X	X	X
School ir-relevant	X	X		X	
Low self-esteem	X	X		X	
Helpless			X		X
External locus of control	X		X		X
Negative emotions	X		X		X
Poor school bonding	X	X	X	X	X
Aggressive, challenging	X	X	X	X	X
Poor peer bonding		X	X		X
Under-achievement	X	X	X	X	X
Drop-out/drop-in	X	X	X	X	X
Depression			X	X	X
Drug Abuse			X	X	
Stress Over-load			X	X	X
ENABLING FACTORS					
Poor inter-personal comm.	X			X	X
Poor social/ life skills	X		X	X	X
REINFORCING FACTORS					
Lack of teach-er feedback	X		X		
Little posi-tive re-inforcement	X		X		X
Poor family bonding	X	X	X	X	X
Not accepted by peers		X	X		X

CHARACTERISTICS OF AT-RISK STUDENTS IN TROY

Data from the student health surveys that were administered in November, 1987 (Lohrmann and McClendon, 1988) were analyzed to determine if there are differences between students at-risk and those that are not. The descriptions below are based on that comparison. It should be noted that there are some similarities among groups. The groups are different but it is possible that some of the same individuals may fall into two or more groups.

The numbers of students listed in Table I (above) for each category are for the grade levels that were surveyed. It would be reasonable to assume that the numbers of students are similar for all grade levels. There are probably 20-30 students with low grades, 25-35 depressed students, and 20-30 students in need of medical care at each secondary grade. The number of students at-risk because of drug abuse is much lower at the middle school level because of lower levels of accessability to alcohol and other drugs. It is probably safe to assume that there are 20-30 students at-risk in each of the sixth, seventh and eighth grades and 150-200 at risk in each grade from ninth through twelfth. This assumption is supported by information from other data sources.

STUDENTS AT-RISK FOR LOW GRADES (Grades 7, 10 & 12)

Seventh graders with low grades are likely to be either younger or 1 year older than most other students. Tenth and twelfth graders are more likely to be 1 year older. Seventh and tenth graders are more likely to live in families that are not intact. Tenth and twelfth graders rarely attend church. The educational level of twelfth graders is somewhat lower.

Seventh graders feel pressure to do better than peers in school but tenth graders feel little or no pressure. Seventh and tenth graders lack goals. Students at all three grades have poor problem solving skills. They do not enjoy school work and know they are underachieving. They tend to have difficulty talking with adults. They have low self-esteem and feel that they have little control or power over factors that influence their health.

Their personal health habits are somewhat worse than those of other students. They are more likely to smoke, drink and to have had intercourse and initiated intercourse at an earlier age. These students are more likely to disobey traffic laws and speed limits. They are more likely to carry weapons and go into dangerous neighborhoods. They are more likely to engage in risk taking behavior but seem no more susceptible to peer pressure for acting out.

Family bonding is a problem for these students. They generally do not talk to their parents and do not sense that their parents try to understand their feelings. They cannot ask parents for help with their problems. Parents seem to be uninvolved in their childrens' schoolwork and other activities.

STUDENTS AT-RISK FOR DEPRESSION (Grades 7, 10, & 12)

Seventh graders in this group are older and are more likely to have an unemployed father. Seventh and twelfth graders are more likely to have friends who use alcohol (they use alcohol themselves). Twelfth graders are more likely to smoke.

These students have negative feelings about themselves and their lives in general. They have poor body images and indicate dental health problems. They tend to worry about things such as famine, nuclear war, their personal safety and getting AIDS. They often have negative feelings and do not know strategies for changing a bad mood. They tend to be low achievers but feel overly pressured to succeed in school. They have difficulty resisting peer pressure and are willing to act outrageously to impress friends.

These students do not have good stress management skills. They DO NOT have viable personal support groups. They are less likely to have hobbies or outside interests. They exercise less, are less likley to eat a balanced diet and seventh graders in this group are more likely to skip breakfast. They are less likely to exercise on a regular basis and have poor sleep patterns.

Depressed students are more likely to take health risks and to ignore good health practices for preventing communicable disease and accidents. They are more likely to enter dangerous neighborhoods, carry a weapon and disobey traffic laws when driving. Tenth and twelfth graders are more likely to have had intercourse at an early age and to have had more sexual contacts.

These individuals tend to have an external locus of control and to feel that they have little power to influence their own health. They have medical concerns but are too embarrassed to talk with a physician.

Family bonding is an issue for this group. They feel they cannot ask parents for help. Parents do not understand feelings. Parents do not show much interest or involvement in their lives.

STUDENTS AT-RISK FOR SUBSTANCE ABUSE (Grades 8 & 11)

At risk because of substance abuse can mean one of two things. Individuals who abuse alcohol and/or other drugs are at-risk for injury or death because of accidents, homicide or suicide AND/OR they are at-risk for long term chemical dependency. Eighth graders who abuse tend to be older and have parents who are divorced or separated. They are more likely to have a job and earn their own money. Eighth and eleventh grade abusers are more likely to be given $15.00 or more per week spending money and to earn $10-25 per week from a job. Students in both grades are likely to have considerably lower grades than those not at-risk. Eleventh grade abusers rarely attend church

and have a slight tendency to be of lower socio-economic status.

At-risk students at both grade levels have a lower value for school achievement and find school boring. They are more likely to have anti-social attitudes toward legal offenses such as theft, assault, drug trafficking, running away, using alcohol and other drugs and getting drunk. They are less likely to consider punishment such as school suspension as serious. Their attitude is that it is most important not to get caught. They are more likely to have friends who commit petty crimes and who use tobacco, alcohol and other drugs.

These students are more likely to use tobacco and drugs other than alcohol and marijuana. They are more likely to attend parties where drugs are used and to use drugs in school, at home, in a car, with friends, at a friend's home, at a party and WHEN ALONE. Their perception is that drugs of all types are easy to get. Their main reason for using drugs is that it makes them feel good. They tend to view drug use as recreational and of low risk.

Parents of these students are more likely to regularly use beer, wine, hard liquor, tobacco, and/or marijuana. Family communication patterns are poor. Abusers do not feel comfortable talking with either their mothers or fathers. They seldom go out to dinner as a family.

STUDENTS AT-RISK FOR LACK OF MEDICAL ATTENTION
(Grades 7, 10, & 12)

Seventh graders in this group tend to live with both parents and earn slightly lower grades. Tenth graders are likely to be slightly older, have an unemployed father and are more likely to attend church regularly. Mothers of both seventh and tenth graders have a slightly lower level of education.

These students tend to have low self-esteem, do not feel comfortable with their bodies and indicate dental concerns. They tend to share eating utensils with friends and bite from the same piece of food.

They do not feel they have power over many of the factors that influence their health. They do not worry about AIDS but also have little confidence that they could protect themselves from it. They feel uncomfortable asking others for help. They do not have personal support groups and do not communicate will with their parents.

These students lack skills for dealing with the medical care system. They have difficulty deciding if they need medical attention. They are not allowed to make medical appointments for themselves and do not know how to do so. They are reluctant to see a physician because of embarrassment but feel that they are not listened to when they do see a physician.

If the characteristics of at-risk students in the Troy School District were compared to the characteristics described in the professional literature, there would be a close match. Certainly, all of the predisposing, enabling and reinforcing risk factors listed in Table III can be identified in the descriptions of at-risk students in Troy.

ELEMENTARY AND SECONDARY INTERVENTION PROGRAMS FOR AT-RISK STUDENTS

LIMITATIONS TO PROGRAM IMPLEMENTION

It should be understood that limitations exist that can impede the effectiveness of even the best school-based programs for at-risk students. They are:

1. A percentage of students do not attend district schools for all grades, K-12. Those who enter in the later grades will not accrue the benefits of elementary-level programs.

2. Problems that put a student at-risk may develop at any grade level, so programs need to be available at all levels.

3. Schools have little control over some of the most important variables that make students at-risk, so effective programs may require the participation of community-based human service agencies.

4. Enhancing existing programs and implementing new ones will require allocation of staff and other resources at a level not available at the present time.

5. It is probable that some efforts will be wholly dependent on availability and accessability of community resources.

6. National educational trends developed as a result of the Nation at Risk Report may be contributing to the problem. Curricular changes in the past several years have focused on greater academic rigor and stiffer graduation requirements. This gives the impression that intellectual pursuits are valued over pragmatic programs and human emotional needs. Emphasis is on the college-bound rather than the general or vocational student,

7. Contractual agreements may impede implementation of program recommendations such as adoption of a seven-period day at the middle school level.

8. Staff training may be lacking in areas such as understanding and identifying the characteristics which indicate that a student may be at-risk and strategies for working with at-risk students.

Once the factors that cause drop-out/drop-in and associated problems are identified, those factors that can be influenced by

school-based programs may be addressed in two ways. (1) Schools can implement general improvements in educational practice or specific curricula that will have a positive effect on all students including at-risk students. (2) Schools can implement specific strategies designed to identify at-risk students and provide targeted intervention programs. Intervention strategies could include enrolling at-risk students in identified instructional programs; providing support via personal counseling and participation in support groups; and referring to community agencies that intervene more broadly to include tha family as well as the student.

The following list of existing and planned intervention programs is organized according to the predisposing, enabling and reinforcing factors of the PRECEDE Model. Programs are listed and described in accordance with the type of risk factor they will address. For example, low self-esteem is a predisposing risk factor; therefore, programs designed to improve self-esteem will be listed under predisposing factors.

EXISTING ELEMENTARY INTERVENTION PROGRAMS

PROGRAMS THAT ADDRESS PREDISPOSING FACTORS

* Recent educational research has identified six types of programs as truly successful for early intervention with learning problems. These are pre-school and extended day kindergarten programs for low socio-economic status students; continuous evaluation, feedback and remediation of fundamental skills; individual tutoring for students who are below grade level in skill development; heterogeneous grouping across grade level for teaching and practicing fundamental skills; cooperative learning programs and, to some extent, computer assisted instruction.

Many of these programs are already in place in the Troy School District. They include:

- Preschool speech and development programs for handicapped children;
- Title I preschool program;
- Screening for motor skill development and school readiness;
- Developmental kindergarten;
- Use of the Teacher's School Readiness Inventory to determine readiness for first grade;
- Junior primary transition;
- Use of periodic test results to determine when remediation is required;
- Reading support and individual tutoring for students achieving below grade level;
- Adherence to the new definition of reading which encompasses a wholistic approach to the child;
- Heterogeneous grouping across grades for reading amd math to the extent that some elementary students attend selected middle school classes;
- Periodic vision and hearing screening;

Teacher referral to the building study team of students who are having perceptual, emotional or other personal problems that may interfer with learning; and
Special education programs for LD, EI, TMI and EMI students.

* Programs related to identification and expression of emotions and self-concept have been implemented in many elementary buildings. Lessons on these topics are included in the present elementary health education program, Project Chek, at all grade levels. New mental health programs are being piloted by classroom teachers at Leonard. Elementary social workers at several schools conduct programs on emotions and self-concept in regular classrooms yearly. One social worker developed lessons for elementary Children of Alcoholics and a second social worker is investigating existing programs that could be piloted in the future. Training for the Stages program designed to assist Children of Divorce was conducted in May. Programs now being piloted will be assessed to determine if they will be disseminated to other buildings.

* Students with emotional, adjustment and family problems receive support through either the school psychologist or school social worker. Intervention includes referral to outside treatment facilities as needed.

PROGRAMS THAT ADDRESS ENABLING FACTORS

* Critical thinking skills are taught to all 3rd graders through the PACE program and are used and reinforced in other grades and in several subjects including health education. The critical thinking skill process is the basis for solving personal problems and making life decisions.

* The home-study skills training, K-5, is designed to help parents create a conducive learning environment at home.

* Specific interpersonnel communication skills, social skills and relaxation skills are taught in the mental health programs listed above.

PROGRAMS THAT ADDRESS REINFORCING FACTORS

* Many teachers have attended ITIP training. Major themes of ITIP include how to provide feedback and positive reinforcement, ways to motivate students and variations in classroom management strategies.

* Students are recognized for non-academic achievements through principals' recognition programs in each building and the annual Troy Youth Assistance Youth Recognition Awards.

* Parents are informed of their child's ability and achievement test scores so that they can keep their expectations in line with the child's abilities.

* Troy Youth Assistance has provided parenting programs on such themes as assertive discipline, raising children for success and helping children cope with stress.

* Adult education offers the STEP parenting program on a regualr basis.

* The building crisis teams function in times of tragedy in order to assist children to cope and to provide them with support they may need to resolve their feelings.

RECOMMENDED ELEMENTARY INTERVENTION PROGRAMS

PROGRAMS TO ADDRESS PREDISPOSING FACTORS

* A number of programs are going to be implemented with the intent of making learning more relevant. These include Math Their Way (a manipulative math program), DEEP (a social studies program that applies economic principles to the local community), and use of new manipulative learning materials for 1st grade.

* Teachers will receive training in cooperative learning techniques designed facilitate group projects. Major benefits of cooperative learning are that it focuses competition on the group instead of the individual, it allows students to have input into their learning and feel that they have some power in school and it enhances motivation.

* The Growing Healthy Curriculum will be piloted next year. This curriculum includes lessons in self-esteem, expressing emotions and stress at all grade levels. Many of the lessons are taught via cooperative learning. Young students learn about the disease concept of alcoholism.

* Presently piloted programs in mental health, Children of Alcoholics and Children of Divorce should be considered for wider dissemination in more schools.

* The Public Health Nurses are planning to offer the American Lung Association program Superstuff to asmatic children. This program is designed to improve self-concept, teach skills students can learn that will help prevent attacks and reduce absenses due to attacks.

* Self-esteem is related to physical appearance. Based on data related to student need for dental care, the possibility of providing some level of dental screening should be condsidered.

PROGRAMS TO ADDRESS ENABLING FACTORS

* A number of interpersonal communication, stress management, refusal and other life skills are included in the Growing Healthy Curriculum.

PROGRAMS TO ADDRESS REINFORCING FACTORS

* Additional teacher inservice training related to providing feedback on a personal level, positive reinforcement, motivation and classroom management should be considered. A technique called Empathy Treatment has been effective for dealing with "difficult" children.

* The TWYKAA Program (Talking With Your Kids about Alcohol) will be implemented in the Fall. This program teaches parents how to be "drug educators" and focus on effective skills for developing positive parent-child communication patterns.

* Troy Youth Assistance will provide a series of parenting programs during the 1988-89 school year including one on improving student's self-esteem.

EXISTING SECONDARY INTERVENTION PROGRAMS

PROGRAMS THAT ADDRESS PREDISPOSING FACTORS

* Underachievement is addressed somewhat differently at the secondary level. Students are still tested to determine if they are performing at grade level but remediation could take several forms. Counselors attempt to meet with parents to determine the cause of lower grades. If the problem is strictly academic, the counselor will work with the teacher and parents to establish a study program or arrange for a private tutor. Another option would be to assign the student to a lower ability or remedial class.

At any point, a counselor may refer a specific case to the building child study team. The team could make several recommendations including further psychological testing but it is rare that a student would be first assigned to a special education program at the secondary level. It is often determined that decreased performance is due to difficulties adjusting to a change in schools (primarily the change from elementary to middle school), difficulties adjusting to adolescent changes, or personal and/or family problems. If the cause is personal rather than academic, the student would receive support and limited counseling services from the school and would be referred to a private counseling agency.

* The PASS Student Assistance Program (Program of Assistance and Student Support) was piloted this year by volunteer counselors, social workers and teachers on staff. This program includes peer support groups for students experiencing grief and loss including divorce and for students concerned about a person in their life with a chemical abuse problem. It also includes a Chemical Awareness Class for students who may be chemically dependent and an After-Care group for students who have undergone treatment for chemical dependency. These groups plus activities for students new to the district have been piloted at all middle and high schools.

The response to the program has been overwhelming. After limited publicity, Concerned Persons Groups were formed at each school. Most schools could initiate a second group if staff time weren't limited by other duties. Over EIGHTY students are presently involved in the Concerned Persons Group. It is anticipated that this number could easily double in the next academic year.

Two Chemical Awareness Classes have been conducted at each high school (servicing FORTY-FIVE students) in order to accomodate students on the waiting list, but the list continues to grow as more students are identified. Students have been referred by themselves, parents, administrators, staff members, police liaison officers and judges. In fact, Troy police officers are more willing to arrest teenagers for minors in possession now that this class is in place. Two or more classes could be run at the same time next year if enough staff time can be allocated to this program. Class size must be limited to 12-14 students.

In each of the four groups, the objective is to provide students with information they need to cope and to make decisions. Students learn how to deal with their feelings and find that they are not alone.

* The Quest Program was piloted at the middle and high school levels this year. This program, too, focuses on self-esteem, emotions, self-awareness, interpersonal communication and family systems. This program is considered to be very effective.

* The existing middle and high school health courses and the high school family living course address many of the same issues as does the Quest Program but not in as much detail. They cover more informational material students can use in their decision-making processes.

* Many students are seen on an individual basis by school social workers and counselors in order to help them cope with a wide variety of problems and issues.

PROGRAMS THAT ADDRESS ENABLING FACTORS

* The PASS Program groups, the Quest Program, the health and family living classes, and individual counseling sessions are designed to help student to develop skills in problem solving, decision making, interpersonal communication, stress management and coping with unsupportive family situations (such as a chemically dependent relative).

PROGRAMS THAT ADDRESS REINFORCING FACTORS

* Many secondary teachers have attended ITIP training. Major themes of ITIP include how to provide feedback and positive reinforcement, ways to motivate students and variations in

classroom management and is beginning to promote cooperative learning. (Cooperative learning has recently been identified as the most promising method for making students feel that they have some empowerment and that SCHOOL IS RELEVANT.)

* Teachers have been trained to look for signs that indicate that a student is "in trouble". Special forms for identifying students with behavioral changes have been distributed as part of the PASS Program. All professional staff members have received training in suicide prevention and how to help students cope with grief and loss.

* Many teachers, counselors, social workers and administrators have attended the five-day Level I Chemical Dependency Workshop at either Maplegrove Clinic, Oakland School, or the Clawson Troy Elks Club. This program provides basic information professionals need to have in order to understand adolescent substance abuse and dependency.

* Eleven professional staff members have been trained in the Level II Chemical Dependency Intervention Workshop and three more are scheduled to be trained. These are the individuals who facilitate the PASS Program groups.

* Building crisis teams function in times of tragedy in order to assist students to cope and to provide them with support they may need to resolve feelings.

* The Quest Program includes a complimentary parent component so that parents have the opportunity to learn the same communication patterns as their children.

* The PASS Program Committee has been interviewing community mental health agencies personnel in order to identify high quality referral sources for chemical dependency assessment, out-patient and after-care treatment and referral for residental treatment as needed.

* The Troy Police Department Liaison Officers work closely with school counselors, social workers and the PASS Committee to identify at-risk students and find resources to help them.

* The schools request that students have a physical exam before entering sixth and ninth grades and provides an opportunity for students to get the required athletic physical at the school. Clinic services for sick or injured students are provided by staff members and parent volunteers. A public health nurse is available to see students during her two-hour visit to the school each week.

* A community-based Peer Support Group is available to students on Monday nights. The purpose of this group is to help teenagers to cope with the problems and issues they face.

* Troy Youth Assistance offers parent education programs aimed at parents of secondary students. The program "Adolescents and Stress in the 80's" has been presented to numerous parent groups in the past year. TYA also sponsors the PLUS program which matches at-risk students with an appropriate adult role model (similar to Big Brother/Big Sister).

* A number of private treatment agencies are available in the community to assist students through private counseling. A major drawback is expense since many do not have a sliding fee scale. Consortium for Human Development has offered the STEP-TEEN program for parents of teen-agers.

RECOMMENDED SECONDARY INTERVENTION PROGRAMS

PROGRAMS TO ADDRESS PREDISPOSING FACTORS

* Change to a seven-period middle school day has been proposed. As part of this program, a number of students would take classes from a team of teachers. This arrangement would provide a smaller unit and more opportunity for students to bond with the school. Teachers would meet on students on a regular basis to monitor their progress and to discuss students with support staff members.

* A seven-period day would allow students to take another course. Quest could be made available to more eighth graders or could become a required eighth grade course. Additional sections of the middle school Quest are being quickly filled for next year on the present schedule.

* The 2 Plus 2 program is a promising program designed to make school more relevant for students who are vocationally oriented. This program is run cooperatively with the community college in order to teach students marketable skills and motivate them to stay in school for two years beyond high school.

* Several programs have been developed to promote self-esteem in teenagers. These are BACK-STOP--a three day outward-bound type program designed to instill trust, confidence and personal pride and PIP--a personal development program that is held in the school for an entire weekend. Both of these programs should be considered for implementation.

* In addition to extending the existing Quest Program for general students, a special section of Quest should be developed for identified at-risk students. Students in this section would be supported by the teacher who taught the class who would have an additional preparation period for monitoring student progress in all classes. Such a program would require an additional .4 teacher allocation at each high school.

* The need for the PASS Program has been demonstrated. It should be taken off of "pilot" status and be expanded to meet the

increased student, parent and community need. The kinds of groups should be expanded to include more activities for new students and a specific group for students experiencing high personal stress.

PROGRAMS TO ADDRESS ENABLING FACTORS

* The 2 Plus 2, Back-Stop/Pip, At-Risk Quest, expanded Quest offerings and an expanded PASS Program all would foster student social and life skills.

PROGRAMS TO ADDRESS REINFORCING FACTORS

* Additional training in cooperative learning can be provided as a means to help students feel a part of the school. More emphasis should be placed on providing feedback, positive reinforcement and individual student recognition on a personal level.

* A program on the characteristics of middle school children and programs to work more effectively with them is planned as part of the staff development program for next year.

* Efforts may be undertaken to send as many staff members as possible to the five-day Chemical Dependency Workshop at the Clawson-Troy Elks Club over the next two to three years. The schools should work with the Elks Club to attempt to get community leaders to attend as well.

* Additional staff members should attend the Level II Chemical Dependency Workshop so they can function as group facilitators or co-facilitators.

* All school district employees should receive training in the dynamics of alcoholic families and how to identify and refer Children of Alcoholics to the Concerned Persons Groups.

* Efforts to develop a school-based peer support and communication program should continue. This could function in conjunction with the Quest Program and could be sponsored by Project LEAD or SADD.

* A parent group should be initiated to compliment the Chemical Awareness Class so that parents of students in the class can develop better strategies for coping with a child's substance abuse problems.

* An initiative should be undertaken to involve more students in the TYA PLUS Program with a focus on common career interests between the student and the matched adult sponsor. More adults will have to be recruited.

* A joint study project should be initiated with the Oakland County Health Division to develop community-based programs that will allow at-risk students to have better access to medical care.

* Efforts should continue to identify high quality community referral sources for students with substance abuse or psychological/adjustment problems.

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